

1786 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights		LENGTH OF STAY (in this place) Months		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vindabona Con. Home				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) ELLA		(Middle) MAY		(Last) BARR		4. DATE (Month) (Day) (Year) OF DEATH: February 1, 1956	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BIRTH: February 26, 1867	9. AGE last birthday: 88 yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Calvin F. Rensburg				14. MOTHER'S MAIDEN NAME: Emma Hargett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Mr. N.T.R. Waskey, 1000 Carroll Parkway, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE		(A) Cerebral Hemorrhage				15 minute	
ANTECEDENT CAUSE (S)		DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) Arteriosclerosis, generalized				years	
		DUE TO					
		(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1, 1955, to Feb 1, 1956, that I last saw the deceased alive on Jan 29, 1956, and that death occurred at 10:30AM, from the causes and on the date stated above.							
SIGNATURE Robert S. Turner, Jr.		M. D. Frederick, Maryland		DATE SIGNED 2/2/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 3, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 2 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth S. Hack		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

RECEIVED

FEB 3 1956

BUREAU V. S.

CERTIFICATE OF DEATH

01741

Reg. Dist. No. 131

1755

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 7 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 345 South Market Street				STREET ADDRESS (If rural give location) 345 South Market Street			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) NETTIE (Middle) L. B. (Last) BEATTY				(Month) February (Day) 8 (Year) 19 56			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 6, 1873	9. AGE last birthday 82 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Greenberry Gartrell				14. MOTHER'S MAIDEN NAME Lucinda Chaney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mr. Joseph E. Beatty - Frederick, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A) _____				Interval between ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO _____							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1951 , to 2-9 , 19 56 , that I last saw the deceased alive on 2-9 , 19 56 , and that death occurred at 5:15 PM , from the causes and on the date stated above.							
SIGNATURE H. J. Stecher				ADDRESS (Street, city, town, state) 1100 Lebeck N. 2101 St DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 11, 1956		NAME OF CEMETERY OR CREMATORY Pine Grove		LOCATION (City, town, or county) (State) Mount Airy, Maryland	
24. REC'D BY REGISTRAR 10-26-1956		REGISTRAR'S SIGNATURE Elizabeth G. Heisk		25. FUNERAL DIRECTOR'S SIGNATURE C. C. Cline		ADDRESS Frederick, Md.	

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

CERTIFICATE OF DEATH

1. Name of deceased	2. Sex	3. Race	4. Date of birth	5. Date of death
6. Place of birth	7. Usual residence	8. Cause of death	9. Duration of illness	10. Place of death
11. Name of physician	12. Name of funeral director	13. Name of hospital	14. Name of cemetery	15. Name of undertaker
16. Name of informant	17. Name of informant	18. Name of informant	19. Name of informant	20. Name of informant

BUREAU V. 2

FEB 14 1956

RECEIVED

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INSTRUCTIONS
1
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01742

1756

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY OR (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) Lifetime		CITY OR (If outside corporate limits, write RURAL and give nearest town) Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillside Apts. #5 - Water St.				STREET ADDRESS (If rural give location) Hillside Apts. #5 - Water St.			
3. NAME OF DECEASED (First) (Middle) (Last) Anna Gertrude Bell				4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 19 56			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 9-14-1912	
9. AGE last birthday 43 yrs.		10. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				13. FATHER'S NAME Melvin A. Carbaugh			
10b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No				14. MOTHER'S MAIDEN NAME Emma G. Ebert			
15. SOCIAL SECURITY NO. 214-16-1007				16. INFORMANT & ADDRESS Louis F. Bell Hillside Apts. #5 Frederick-Md.			
17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 199.1 IMMEDIATE CAUSE (A) <i>Carcinoma with abdominal metastases - primary site unknown</i>							
ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2-1</i>, 19<i>55</i>, to <i>2-18</i>, 19<i>56</i>, that I last saw the deceased alive on <i>2-18</i>, 19<i>56</i>, and that death occurred at <i>4:30 A.M.</i>, from the causes and on the date stated above.							
SIGNATURE <i>Dr. R. Martin</i> M.D. <i>35 E Church Frederick Md</i> DATE SIGNED <i>2-21-56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-22-1956		NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick-Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Elyabeth B. Heck</i>		25. FUNERAL DIRECTOR'S SIGNATURE C.E. Cline and Son-Frederick-Md.			
DATE 21 Feb. 1956							

01712

CERTIFICATE OF DEATH

1956

Name of Deceased		Sex		Age	
John A. Smith		Male		45	
Date of Birth		Place of Birth		Cause of Death	
Jan. 15, 1911		Boston, Mass.		Heart Disease	
Date of Death		Place of Death		Physician	
Feb. 10, 1956		Boston, Mass.		Dr. J. B. Jones	
Time of Death		Manner of Death		Burial	
10:30 A.M.		Natural		St. John's Church	
Signature of Physician		Signature of Registrar		Signature of Deceased	
[Signature]		[Signature]		[Signature]	

BUREAU V. 51

FEB 23 1956

RECEIVED

2. Mr. 1122 1/2 1122 1/2 1122 1/2

1787

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<u>Rural, Frederick</u>		<u>2 yrs.</u>		<u>Rural, Weckersville</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Co. Home</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH:			
(First) <u>MARY</u> (Middle) <u>ELLEN</u> (Last) <u>BIDDINGER</u>				OF DEATH: <u>Feb. 14</u> 19 <u>56</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>F</u>	<u>W</u>	<u>Single</u>	<u>Feb. 17, 1877</u>	<u>78</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Housework</u>		<u>own home</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>John A. Biddinger</u>				<u>Lucinda Neumann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
<u>no</u>		<u>—</u>		<u>Mrs. Edgar Van Fosse, Woodstock, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Senility</u>						<u>four years</u>	
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
<u>0</u>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-8</u> , 19 <u>56</u> , to <u>2-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>56</u> , and that death occurred at <u>11:25</u> A M, from the causes and on the date stated above.							
SIGNATURE <u>Dr. R. Martin</u>				ADDRESS		DATE SIGNED <u>2-15-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2/17/56</u>		<u>Chapel Cemetery</u>		<u>Libertytown, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>15 Feb. 1956</u>		<u>Elizabeth S. Heck</u>		<u>J.C. Barton, Weckersville, Md.</u>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

FEB 16 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01744

1757 CERTIFICATE OF DEATH

Item 2, FilmG192 2-16-56 et

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick 47X-3	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		LENGTH OF STAY (in this place) 12 years		CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		WASHINGTON, D. C.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for the Aged				STREET ADDRESS (If rural give location) Home for the Aged - 115 Record Street ✓			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) ADA		(Middle) VIRGINIA		(Last) BROOKEY		(Month) (Day) (Year) February 9 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH December 24, 1872		9. AGE last birthday 83 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady			10b. KIND OF BUSINESS OR INDUSTRY Store Millinery-Dept.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Theodore Brookey				14. MOTHER'S MAIDEN NAME Anna Woerner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No			16. SOCIAL SECURITY NO. 577-10-0227		17. INFORMANT & ADDRESS Md. Mrs. David H. Yinger - Braddock Heights,		
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage						2 weeks	
ANTECEDENT CAUSE(S) DUE TO (B) Hypertension						3 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arterio-sclerosis						?	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M. at work) (Not while at work)				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 1953 to 9 Feb , 1956, that I last saw the deceased alive on 9 Feb , 1956, and that death occurred at 10:00 A. from the causes and on the date stated above.							
SIGNATURE Charles H. Conley Jr.				ADDRESS (Street, city, town, state) Frederick, Maryland			
DATE SIGNED 2/10/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb. 11, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
24. REC'D BY REGISTRAR 10 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Herb		25. FUNERAL DIRECTOR'S SIGNATURE C. E. Lindson - Frederick, Md.		ADDRESS	

11710

NEW YORK STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

FILE NO. 151

Place of Birth	Country of Birth	Age at Death	Sex
Albany, New York	United States	12 years	Female
Married for 12 years	Married for 12 years		

Place of Death	County of Death	Date of Death	Time of Death
Albany, New York	Albany	November 21, 1915	10:00 AM
Cause of Death	Immediate Cause	Underlying Cause	Contributing Cause
Heart Disease	Heart Disease	Heart Disease	Heart Disease

075-10-0-150

Dr. J. J. ...

...

BUREAU V. E.

FEB 14 1956

RECEIVED

10:00 AM

10:00 AM

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1758

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01745

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o STATE <u>WEST VIRGINIA</u> b. COUNTY <u>Jefferson</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b <u>D.C.A.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Charlestown - R.D.</u>		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Fredrick Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Cordius Brown</u>				4. DATE OF DEATH Month Day Year <u>February 29 1952</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 10-1899</u>		9. AGE (In years last birthday) <u>56</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME CO.</u>		11. BIRTHPLACE (State or foreign country) <u>FREDERICK, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Lee Brown</u>				14. MOTHER'S MAIDEN NAME <u>FANNIE B. Mercer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs FANNIE L Cowgill, Charlestown R.D.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____ DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
20c. TIME OF INJURY Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>B.O. Thomas</u>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED	
EXAMINER'S NAME (Type) <u>B.O. Thomas</u>				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		<u>February 25</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>MAR 3, 1952</u>		22c. NAME OF CEMETERY OR CREMATORY <u>EDGE HILL Cem.</u>		22d. LOCATION (City, town, or county) (State) <u>Charlestown, W. Va.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Malvin J. Strader, Charlestown, W. Va.</u>				24a. REC'D BY REGISTRAR <u>DATE 1 MAR 1952</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	

BUREAU V. S.

MAR 2 1

RECEIVED

1784 CERTIFICATE OF DEATH

Reg. Dist. No. 17

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWNSHIP Brunswick		LENGTH OF STAY (If in this place) 49 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 Brunswick Street				STREET ADDRESS (If rural give location) 414 Brunswick Street			
3. NAME OF DECEASED: (Type or Print) Franklin (First) James (Middle) Caniford (Last)				4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1956			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, DIVORCED, OR WIDOWED: Married	8. DATE OF BIRTH: 5-7-1887	9. AGE last birthday: 68 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life. Brakeman Retired		10b. KIND OF BUSINESS OR INDUSTRY: B. and O. R. R. Co		11. BIRTHPLACE (State or foreign country): West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Caniford				14. MOTHER'S MAIDEN NAME: Lucy Conner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) World War I		16. SOCIAL SECURITY No.: 705-05-7912		17. INFORMANT & ADDRESS: Mrs. Maude Caniford, Brunswick, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Carcinoma - rectum							
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
12. DATE OF OPERATION: July 19-1954				13. MAJOR FINDINGS OF OPERATION Carcinoma - rectum			
14. ACCIDENT, SUICIDE, OR HOMICIDE (Specify)				15. PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
16. TIME (Month) (Day) (Year) (Hour) OF INJURY				17. INJURY OCCURRED While at Work [] Not While At Work []			
18. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Sept 1953, to 2-1-1956, that I last saw the deceased alive on 1954, and that death occurred at 2:30 A.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial				DATE THEREOF 2-3-1956			
NAME OF CEMETERY OR CREMATORY St. Marks				LOCATION (City, town, or county) (State) Petersville, Maryland			
DATE REC'D BY LOCAL REGISTRAR Feb 23-56				REGISTRAR'S SIGNATURE Kathryn H. Brown			
24. FUNERAL DIRECTOR C.H. Feete and Bro. Brunswick, Maryland				ADDRESS			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

WILLIAM A. E.

FEB 0

1759

CERTIFICATE OF DEATH

01748

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWNSHIP (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hospital</u>				d. STREET ADDRESS <u>550 East Church Street</u>			
3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>ROSANNA</u> Last <u>CECIL</u>				4. DATE OF DEATH Month <u>February</u> Day <u>22</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 21, 1892</u>	
9. AGE (In years last birthday) <u>63</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>Daniel Haifleigh</u>			
14. MOTHER'S MAIDEN NAME <u>Elmira Hartman</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT Address <u>550 East Church Street, Frederick, Maryland</u> <u>Miss N. Louise Cecil</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, (b) <u>pulmonary Edema</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>2 days</u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____				21. I certify that I attended the deceased from <u>Feb 2</u> , 19 <u>56</u> , to <u>Feb 22</u> 19 <u>56</u> that I last saw the deceased alive on <u>Feb 22</u> , 19 <u>56</u> , and that death occurred at <u>11:15 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>B. O. Thomas</u> M.D.				ADDRESS (Street, city or town, state) <u>Frederick, Maryland</u> DATE SIGNED <u>2/24/1956</u>			
PHYSICIAN'S NAME (Type) <u>Dr. B. O. Thomas Sr.</u>				North Market Street, Frederick, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Feb. 25, 1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>				24a. REC'D BY REGISTRAR DATE <u>24 Feb. 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth H. Heck</u>	

83

1785

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY *Frederick* MARYLAND
 CITY (If outside corporate limits, write OR and give nearest town) *Brunswick* RURAL LENGTH OF STAY (in this place) *?*
 HOSPITAL OR INSTITUTION OR STREET ADDRESS *00*

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland* COUNTY *Ind.*
 CITY (If outside corporate limits, write RURAL and give nearest town) *Brunswick* OR TOWN
 STREET ADDRESS (If rural give location) *10 N. Maryland Ave*

3. NAME OF DECEASED:

(First) *Louise* (Middle) *Edward* (Last) *Warr*
 (Type or Print)

4. DATE OF DEATH: (Month) *2* (Day) *15* (Year) *1956*

5. SEX:

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Married

8. DATE OF BIRTH:

8-28-1890

9. AGE last birthday:

65 yrs.

If UNDER 1 YEAR: Months | Days | Hours | Min.
 If UNDER 24 HRS.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (or if retired)

Gen Inspector

10b. KIND OF BUSINESS OR INDUSTRY

B+ORPCs

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME:

Don't know

14. MOTHER'S MAIDEN NAME:

Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

Yes

16. SOCIAL SECURITY No.:

700

17. INFORMANT & ADDRESS:

Mrs Mary B. Warr Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(b)

DUE TO

(c)

Primary occlusion
Anginal pectoris

Interval Between Onset And Death

5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

0

19b. MAJOR FINDINGS OF OPERATION

0

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1950*, to *2-15-56*, that I last saw the deceased

alive on *2-15-56*, and that death occurred at *6:40 AM* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

2-18-56

NAME OF CEMETERY OR CREMATORY

St. Lukes

LOCATION (City, town, or county)

Poort 9 Rocks Md

(State)

DATE REC'D BY LOCAL REGISTRAR

Feb 17-56

REGISTRAR'S SIGNATURE

Kathryn N. Brown

24. FUNERAL DIRECTOR

G. H. Teet & Bro

ADDRESS

Brunswick Md

MARGIN RESERVED FOR INDEXING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

1760

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Frederick</u>		<u>2 wks.</u>		TOWN <u>Rural, Good Intent</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred. Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>W. Johnsville</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH: (Month) (Day) (Year)			
(First) <u>BERTHA</u> (Middle) <u>VICTORIA</u> (Last) <u>DINTERMAN</u>				DATE: <u>Feb. 1</u> 19 <u>56</u>			
5. SEX: <u>F</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>Feb. 14, 1881</u>	
9. AGE last birthday: <u>64</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Employed</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME: <u>Jacob E. Dinterman</u>				14. MOTHER'S MAIDEN NAME: <u>Susan Alice Boston</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>-</u>			
17. INFORMANT & ADDRESS: <u>Mrs. Robert W. Bond, Keyman, Md.</u>				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (A) <u>Coronary Hemorrhage</u>							
ANTECEDENT CAUSE (B) <u>-</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C) <u>-</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>-</u>							
19A. DATE OF OPERATION: <u>-</u>				19B. MAJOR FINDINGS OF OPERATION: <u>-</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>-</u>		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? <u>-</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify, that I attended the deceased from <u>md</u> 19 <u>56</u> to <u>Feb. 1, 1956</u> that I last saw the deceased alive on <u>Feb. 1, 1956</u> , and that death occurred at <u>2:45 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. H. Miller</u>		M. D. <u>John Miller</u>		ADDRESS <u>md</u>		DATE SIGNED <u>md</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 3, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>mt Hope cemetery</u>		LOCATION (City, town, or county) (State) <u>Woodstock md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>2/3/56</u>		REGISTRAR'S SIGNATURE <u>E. J. Miller</u>		24. FUNERAL DIRECTOR <u>J. C. Barton, Walkersville</u>		ADDRESS <u>md</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

110 V. L.

B 6

1761

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	LENGTH OF STAY (in this place) <u>Life</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>21 East Third Street</u>		STREET ADDRESS (If rural give location) <u>21 East Third Street</u>	
3. NAME OF DECEASED: (First) <u>JOHN</u> (Middle) <u>EDWARD</u> (Last) <u>DOIL</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>February 20, 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>October 21, 1886</u>
9. AGE last birthday <u>69</u> yrs		10. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired - Packing Dept. Brush Factory</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Maryland</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John E. Doll</u>		14. MOTHER'S MAIDEN NAME: <u>Mary E. Keefer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>214-10-2104</u>	
17. INFORMANT & ADDRESS: <u>Mr. George C. Doll, 127 West Third St., Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Coronary artery atherosclerosis with acute myocardial infarction</u>			
ANTECEDENT CAUSE (B) <u> </u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u> </u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u> </u>			
19A. DATE OF OPERATION: <u> </u>	19B. MAJOR FINDINGS OF OPERATION: <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: <u> </u>	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? <u> </u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY: <u> </u> M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>2-14, 1956</u> to <u>2-20, 1956</u> that I last saw the deceased alive on <u>2-14, 1956</u> , and that death occurred at <u>8:00 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Paul Martin, M.D.</u>		DATE SIGNED <u>2/22/1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Feb. 22, 1956</u>	NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>
DATE REC'D BY LOCAL REGISTRAR <u>Feb. 22, 1956</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. H. Ech</u>	24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>	

MARGIN RESERVED FOR BINDING

RECEIVED

FEB 23 1956

BUREAU V. S.

1762

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH o. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		c. LENGTH OF STAY IN 1b <u>40 Years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Frederick Memorial Hospital</u>				d. STREET ADDRESS <u>202 West Patrick Street</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>REBECCA</u> Last <u>DRONENBURG</u>				4. DATE OF DEATH Month <u>February</u> Day <u>19</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 17, 1890</u>		9. AGE (In years last birthday) yrs. <u>66</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John H. Ogle</u>				14. MOTHER'S MAIDEN NAME <u>Christianna R. Madary</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. James M. Dronenburg, 202 W. Pat. St. Frederick, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary E. Disease</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) <u>Intestinal Obstruction</u> DUE TO (c) <u>Carcinoma of Ovary</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 months</u> <u>4 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>19</u> p. m. <u> </u>				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u>	
20f. (City or town) <u> </u>				20g. (County) <u> </u>		20h. (State) <u> </u>	
21. I certify that I attended the deceased from <u>June 1, 1956</u> , to <u>Feb 19, 1958</u> , that I last saw the deceased alive on <u>Feb 19, 1958</u> , and that death occurred at <u>3:10 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Thomas E. Stone</u> M.D.				ADDRESS (Street, city or town, state) <u>Frederick, Maryland</u>			
DATE SIGNED <u>2/21/1956</u>							
PHYSICIAN'S NAME (Type) <u>Dr. Thomas E. Stone</u>				<u>Frederick, Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>2/22/1956</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>				ADDRESS <u> </u>		24a. REC'D BY REGISTRAR DATE <u>22 Feb - 1956</u>	
				24b. REGISTRAR'S SIGNATURE <u>Elizabeth B. Harker</u>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After the certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

FEB 23 1956

U.S. DEPT. OF JUSTICE

01754

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1788 FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

1. PLACE OF DEATH- COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Thurmont, Md.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place) <u>19 yrs.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Thurmont, Md.</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First)		(Last)	
<u>Emma Marie Eby</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/23/08</u>	9. AGE last birthday <u>47</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cambridge, Md.</u>	
13. FATHER'S NAME <u>Richard J. Robbins</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-07-8317</u>		17. INFORMANT <u>Charles F. Eby Thurmont, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Bullet wound into brain

INTERVAL BETWEEN ONSET AND DEATH

Instantly

Antecedent cause(s)

Disease or condition, if any, giving rise to the above cause stating the underlying cause last

(b) entering skull from left ear

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 8, 1956 1:30 m.INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?

Self-inflicted gun shot wound

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Blanchette S. Eyles Frederick, Md.Feb. 8-56

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Feb. 9 1956Blanchette S. EylesM. L. Creager and Son Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

201. 4013

BUCKLE UP

23 10 1956

NEW

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01755

1789

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Thurmont, Md.</u>	LENGTH OF STAY (in this place) <u>Life-83 yrs.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Thurmont, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Charles Joseph Elower</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Feb. 7, 1956</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>May. 13, 1872</u>
9. AGE last birthday: <u>83 yrs.</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>24</u> Hours <u></u> Min. <u></u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Track Foreman</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Potomac Edison Co.</u>	
11. BIRTHPLACE (State or foreign country): <u>Frederick Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>George V. Elower</u>		14. MOTHER'S MAIDEN NAME: <u>Agnes Helena Hahn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Floyd Elower--Thurmont, Md.</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE <u>Carcinomatosis</u>			<u>6 mo.</u>
(B) ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Carcinoma of sigmoid colon</u>			<u>1 yr.</u>
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic myocarditis</u>			<u>?</u>
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 5, 1956</u> , to <u>Feb. 7, 1956</u> that I last saw the deceased alive on <u>Feb. 6, 1956</u> , and that death occurred at <u>5:15 AM</u> from the causes and on the date stated above.			
SIGNATURE <u>M. Franklin Bink</u>		ADDRESS <u>Thurmont, Md.</u> DATE SIGNED <u>2/7/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/9/56</u>	NAME OF CEMETERY OR CREMATORY <u>U.B. Cemetery</u>
LOCATION (City, town, or county) <u>Thurmont, Md.</u>		(State)	
DATE REC'D BY LOCAL REGISTRAR <u>Feb. 7, 1956</u>		REGISTRAR'S SIGNATURE <u>Blanche S. Eyles</u>	24. FUNERAL DIRECTOR <u>M. L. Creager and Son</u>
ADDRESS <u>Thurmont, Md.</u>			

U.S. 10-7

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1790 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown			
TOWN Cullen		3 days		STREET ADDRESS (If rural give location) 225 Norway Avenue			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital							
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH: February 1, 1956			
Frank Andrew Fannin							
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single	8. DATE OF BIRTH: February 14, 1889	9. AGE last birthday 66 yrs.	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter		10B. KIND OF BUSINESS OR INDUSTRY: Painter		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank Fannin				14. MOTHER'S MAIDEN NAME: Fannie Kitrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes 1908		16. SOCIAL SECURITY NO. 217-09-9735		17. INFORMANT & ADDRESS: Deceased			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis.						4 years.	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 2		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 29, 1956 , to Feb. 1, 1956 , that I last saw the deceased alive on Feb. 1, 1956 , and that death occurred at 10:30 M. from the causes and on the date stated above. SIGNATURE <i>[Signature]</i> ADDRESS Cullen, Maryland DATE SIGNED February 2, 1956							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-4-56		NAME OF CEMETERY OR CREMATORY Rest Haven Cem.		LOCATION (City, town, or county) (State) Hagerstown, Md.	
DATE REC'D BY LOCAL REGISTRAR 2/1/56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc.		ADDRESS Hagerstown,	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1763

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick			
c. LENGTH OF STAY IN 1b Years				d. STREET ADDRESS 129 East Patrick Street			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ADA Middle ESTELLA Last FORNEY				4. DATE OF DEATH Month February Day 19 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 26, 1868	
9. AGE (In years last birthday) 87 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George J. Rhoads				14. MOTHER'S MAIDEN NAME Mary Wiles			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT Arthur J. Forney, 129 E. Pat. St., Frederick, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Stricture bile duct with 586X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Complete obstruction DUE TO (c) 3 weeks							INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from Jan. 27, 1956 , to Feb. 19, 1956 , that I last saw the deceased alive on Feb. 19, 1956 , and that death occurred at 8:45 P. M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE B. O. Thomas M.D.				ADDRESS (Street, city or town, state) Frederick, Maryland			
DATE SIGNED 2/21/1956							
PHYSICIAN'S NAME (Type) Dr. B. O. Thomas Sr. Frederick, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/22/1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Fitchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR 2/22/1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Heck	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital for attending physician. After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

FEB 23 1956

BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01758

1764 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u>		CITY <u>MYERSVILLE</u>		TOWN <u>MYERSVILLE</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		STREET ADDRESS		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL HOSP.</u>		<u>1 day</u>		<u>ROUTE # 2</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>DAVID</u> (Middle) <u>CHARLES</u> (Last) <u>FORREST</u>				(Month) <u>2</u> (Day) <u>13</u> (Year) <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>2 12 56</u>	9. AGE last birthday yrs. <u>19</u>	IF UNDER 1 YEAR Months <u>19</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u>19</u> Min. <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>CHARLES FORREST</u>				14. MOTHER'S MAIDEN NAME <u>MARY GILBERT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Charles Forrest - Myersville, Md</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>PULMONARY ATLECTASIS</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>PREMATURITY</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-12-56</u> , to <u>2-13-56</u> , that I last saw the deceased alive on <u>2-13-56</u> , and that death occurred at <u>2:13</u> P.M., from the causes and on the date stated above.							
SIGNATURE <u>Paul F. Bittle</u>				ADDRESS (Street, city, town, state) <u>22011 Market St. Frederick Co. Md.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 14, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>United Brethren</u>		LOCATION (City, town, or county) <u>Pleasant Walk Md.</u>	
24. REC'D BY REGISTRAR <u>Elizabeth H. Hech</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul F. Bittle</u>		ADDRESS <u>Myersville, Md.</u>	

BUREAU V. S.

FEB 16 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1791

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural # 4				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cap Stine Road				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last GAVER				4. DATE OF DEATH February 20, 1956 Month Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 2, 1878	
9. AGE (In years last birthday) 77 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John T. Gayer		14. MOTHER'S MAIDEN NAME Eliza Jane Spitzler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Eva H. Gayer, Frederick, R.F.D.#4, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <u>2/22</u> to <u>2/19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/7</u> , 19 <u>56</u> , and that death occurred at <u>6:15 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>James B. Thomas</u> , M.D.				ADDRESS (Street, city or town, state) Frederick, Maryland			
DATE SIGNED 2/21/1956							
PHYSICIAN'S NAME (Type) Dr. James B. Thomas				Frederick, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		22b. DATE THEREOF Feb. 23, 1956		22c. NAME OF CEMETERY OR CREMATORY Frederick Memorial Cloister		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE <u>22 Feb. 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth S. Hech</u>	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

FEB 23 1956

RECEIVED

Item 18 Film 0192 2-15-56 am

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1765

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick	LENGTH OF STAY (in this place) Days	If outside corporate limits, write RURAL and give nearest town OR TOWN Jefferson	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Gene Hemp Road	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) ALMA	(Middle) CULLER	(Last) GROSS	February 1, 1956
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: November 9, 1894
9. AGE last birthday: 61 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: Andrew Jacob Culler		14. MOTHER'S MAIDEN NAME: Grace A. Keller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: Mr. Homer C. Gross, Jefferson, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Infectious Hepatitis, probably viral in origin			2 wks.
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy, grand mal			15-20 yrs.
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/23, 1956, to 2/1, 1956, that I last saw the deceased alive on 2/1, 1956, and that death occurred at 6 A. M. from the causes and on the date stated above.			
SIGNATURE Henry V Chase		DATE SIGNED M. D. 4 E. Church St Fred, Md 2/1/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
Burial		Feb. 3, 1956	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Reformed Cemetery		Jefferson, Maryland	
DATE REC'D BY LOCAL REGISTRAR		24. FUNERAL DIRECTOR ADDRESS	
February 1956		M. R. Etchison & Son, Frederick, Maryland	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

EDWARD V. L.

1871

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

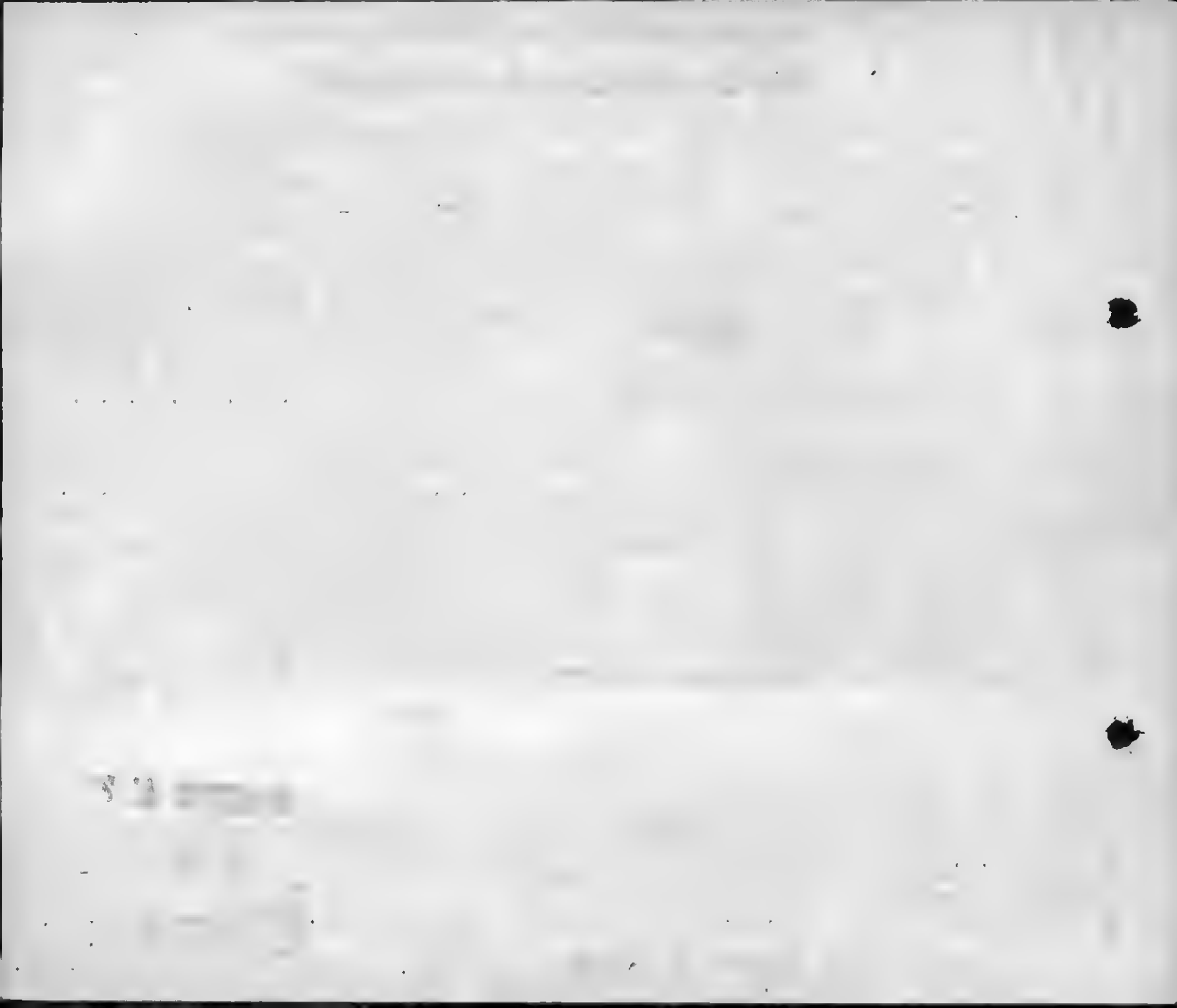
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1766 CERTIFICATE OF DEATH

01761

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick		LENGTH OF STAY (In this place) 3 1/2 days		CITY OR TOWN Rural- Myersville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS (If rural give location) Route # 1			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mary Margaret Grossnickel				4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1956			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 22, 1901	9. AGE last birthday 54 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Wolfsville, Fred. Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Albert Farsht				14. MOTHER'S MAIDEN NAME Lucy Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS H.A. Grossnickel, Myersville, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) Chronic Cardio-vascular Renal disease				INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
ANTECEDENT CAUSE(S) DUE TO (B) Cor Pulmonale, Chr Bronchitis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Polycythemia							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1954 to Feb 1956, that I last saw the deceased alive on Feb 22, 1956, and that death occurred at 4:55 P.M. from the causes and on the date stated above.							
SIGNATURE J.E. Harp		DATE THEREOF Feb. 26, 1956		NAME OF CEMETERY OR CREMATORY Grossnickle's		LOCATION (City, town, or county) (State) Nr. Myersville, Fred. Co. Md.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		REGISTRAR'S SIGNATURE Elizabeth B. Heck		25. FUNERAL DIRECTOR'S SIGNATURE Paul F. Bittle		ADDRESS Myersville, Md.	

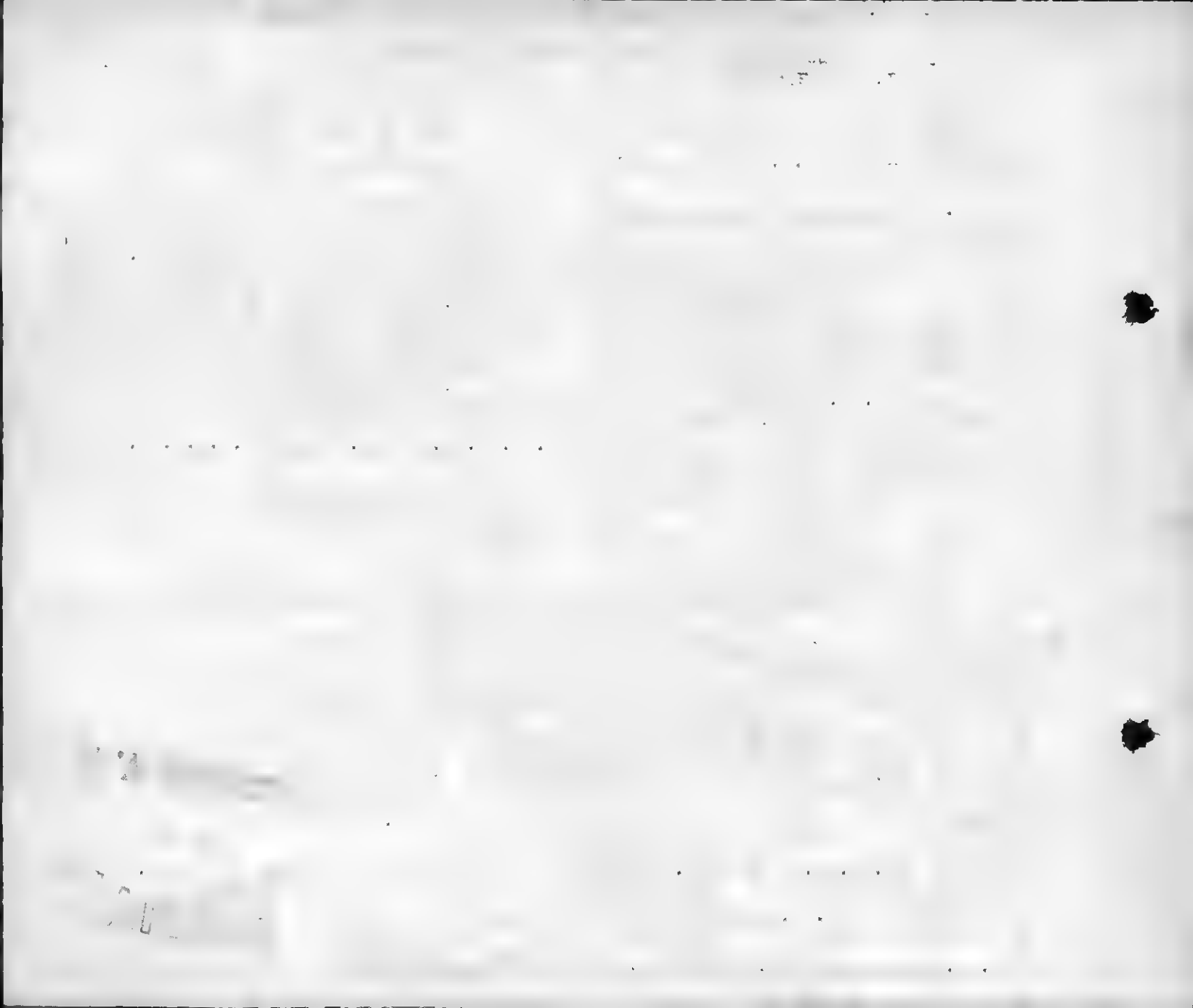


CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#5		MARYLAND c. LENGTH OF STAY IN 1b 1 Year		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		d. STREET ADDRESS 121 Water Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARY		Middle ELIZABETH		Last HARRIS		4. DATE OF DEATH Month February		Day 24,		Year 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 15, 1879		9. AGE (In years last birthday) 76 yrs.		IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME J. O. Phelps				14. MOTHER'S MAIDEN NAME Louise Carpenter							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. T. J. L. Wiles, Frederick, R.F.D.#5, Maryland							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DIX DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Arterio Sclerosis DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 3 days 5 yrs +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)									
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Frederick		(County) Frederick		(State) Maryland	
21. I certify that I attended the deceased from Feb. 22, 1956 , to Feb. 24, 1956 , that I last saw the deceased alive on Feb. 24, 1956 , and that death occurred at 6:45 PM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) North Market Street, Frederick, Maryland DATE SIGNED 2/25/56											
ACTUAL SIGNATURE B. O. Thomas		M.D. Frederick, Maryland									
NAME (Type) Dr. B. O. Thomas Sr.											
22a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		22b. DATE THEREOF Feb. 27, 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 25 Feb. 1956		24b. REGISTRAR'S SIGNATURE Elizabeth B. Heib			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



1767

CERTIFICATE OF DEATH

01763

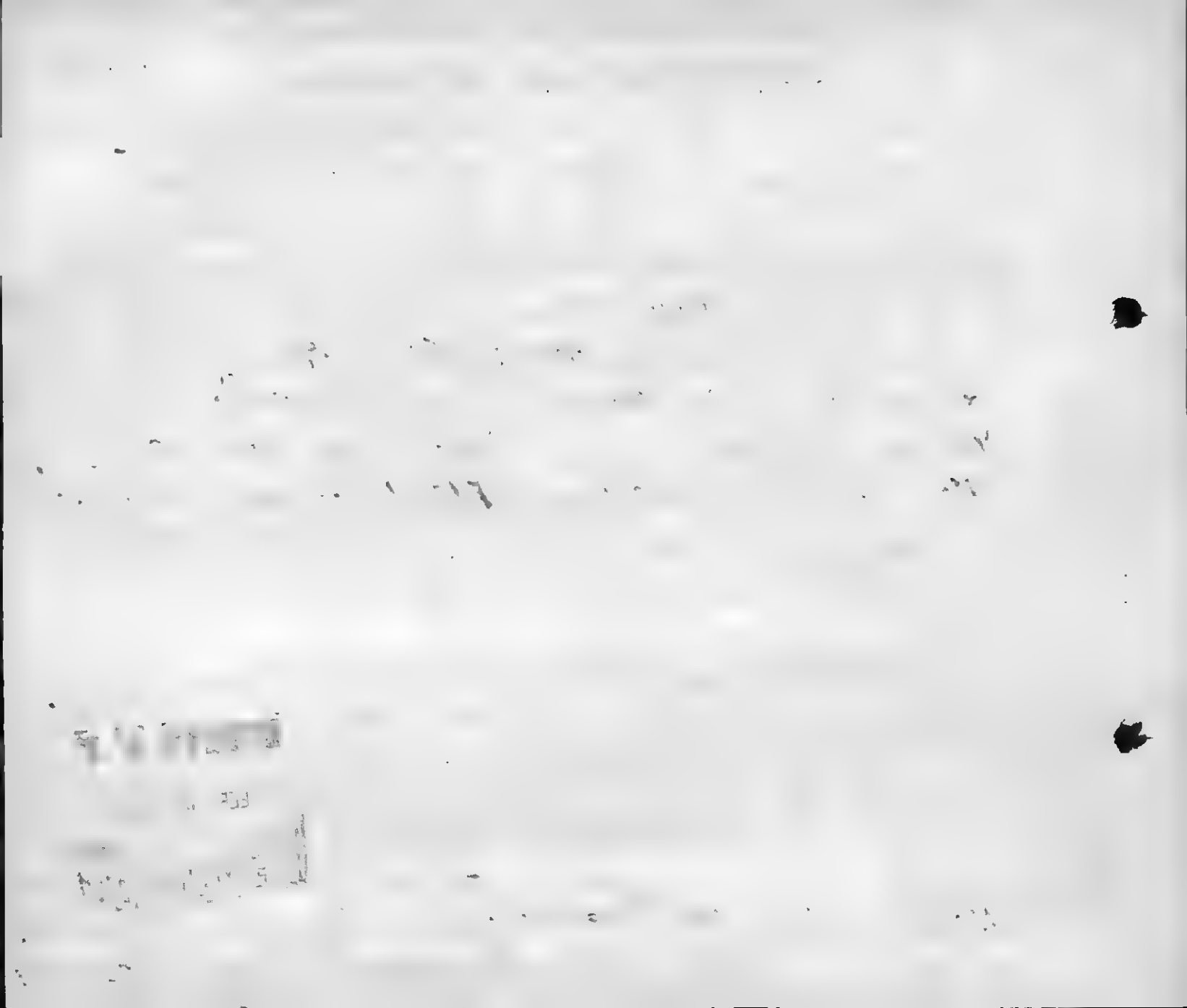
Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>13 hours</u>		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rocky Ridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural, give location) <u>Route #1</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Ethel</u> <u>MAY</u> <u>Hoffman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>2</u> <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 9, 1887</u>	9. AGE last birthday <u>69</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Penna. Adams Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>William Hankey</u>				14. MOTHER'S MAIDEN NAME <u>Anna Maria Wilbice</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Ethel Hoffman - Rocky Ridge, Md</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
(A) IMMEDIATE CAUSE <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH			
(B) ANTECEDENT CAUSE(S) DUE TO <u>Diabetes Mellitus</u>							
(C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-1</u> , 19 <u>56</u> , to <u>2-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>56</u> , and that death occurred at <u>12:50 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>M. A. Pearce</u>				ADDRESS (Street, city, town, state) <u>Frederick, Md</u>		DATE SIGNED <u>2-2-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		DATE THEREOF <u>2-4-56</u>		NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		LOCATION (City, town, or county) (State) <u>Frederick, Md</u>	
24. REG'D BY REGISTRAR <u>Feb. 7, 1956</u>		REGISTRAR'S SIGNATURE <u>Eugene G. Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. ...</u>		ADDRESS <u>...</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.



1793

CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
OR TOWN Frederick - Rural		6 weeks		OR TOWN R. F. D. # 4 - Nr. Feagaville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick County Chronic Hospital				STREET ADDRESS (If rural give location) R. F. D. # 4			
3. NAME OF DECEASED: (First) ANNIE (Middle) LEE (Last) HURT				4. DATE OF DEATH: February 11 19 56			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married		8. DATE OF BIRTH: August 28, 1865	
9. AGE last birthday: 90 yrs.		10. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired: Housewife		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Hurt				14. MOTHER'S MAIDEN NAME: Ellen Breedon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mr. William Hurt - Rt. 4, Frederick, Maryland.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Arterio-sclerotic Cardiovascular disease				Interval Between Onset And Death 10 years.			
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
PLACE (Home, farm, factory, street, office bldg., etc.)				(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY m.				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>			
				HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 10, 1956 , to Feb. 11, 1956 , that I last saw the deceased alive on Feb. 10, 1956 , and that death occurred at 8:25 P.M. , from the causes and on the date stated above.							
SIGNATURE Bernard J. Hanna				ADDRESS Jefferson, Maryland			
DATE SIGNED 14 February 1956				DATE SIGNED E. R.			
23. BURIAL, CREMATION, RENOVATION (Specify) Burial				24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR Feb. 14, 1956				NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran			
REGISTRAR'S SIGNATURE Elizabeth B. Heck				LOCATION (City, town, or county) (State) Jefferson, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 15 1956

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1768 **CERTIFICATE OF DEATH**

01765

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Md. COUNTY Howard		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR TOWN Frederick		LENGTH OF STAY (in this place)		OR TOWN Ridgeville		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital				STREET ADDRESS Maryland			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
Captolis Jackson				Feb. 24, 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	Negro	Married	57 YEARS	JULY 25, 1875	375 yrs.	375 Months	375 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife				Maryland		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Hommer Gray				Blanche Lyles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No				Charles Jackson, Ridgeville, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
17a. IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
17b. DUE TO (B)							
DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1955, to 1956, that I last saw the deceased alive on 2-24, 1956, and that death occurred at 1:35 P.M. from the causes and on the date stated above.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE SIGNED			
Burial				Feb. 28, 56			
DATE THEREOF				NAME OF CEMETERY OR CREMATORY			
Feb. 28, 56				Friendship Meth. Cem. Near Damascus, Md.			
24. REC'D BY REGISTRAR				25. FUNERAL DIRECTOR'S SIGNATURE			
REGISTRAR'S SIGNATURE				ADDRESS			
DATE				Francis H. Barber, Laytonville			

RECEIVED V. S.

FEB 29 1906

RECEIVED
FEB 29 1906

1794

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> <small>(If outside corporate limits, write RURAL OR and give nearest town)</small> TOWN <u>Burkittsville</u>	MARYLAND LENGTH OF STAY (in this place) Years	STATE <u>Maryland</u> COUNTY <u>Frederick</u> <small>(If outside corporate limits, write RURAL and give nearest town)</small> OR TOWN <u>Burkittsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>70</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print) <u>JULIA</u> (First) <u>AMANDA</u> (Middle) <u>KEPLER</u> (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <u>February 18, 1956</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED , DIVORCED . (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>August 2, 1887</u>
9. AGE last birthday: <u>68</u> yrs.		10. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Vincent S. Kepler</u>		14. MOTHER'S MAIDEN NAME: <u>Annie Ausherman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Morris T. DeLauter, Burkittsville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) IMMEDIATE CAUSE DUE TO <u>Carcinoma of ovary & metastasis</u>		<u>7/31/55</u>	
(B) ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/20, 1955</u> to <u>2/18, 1956</u> that I last saw the deceased alive on <u>2/15, 1956</u> and that death occurred at <u>8:00 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Wm. H. C. Henson, M.D.</u>		DATE SIGNED <u>2/17/1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 19, 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>18 Feb. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

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STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 8,9 Film 121-3-1-6 et

CERTIFICATE OF DEATH

01767

Reg. Dist. No. 131

1795

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural New London				c. LENGTH OF STAY IN 1b 50 yrs.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION New London-Fred. Co. Md.				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Ellen Loud				4. DATE OF DEATH Month Day Year February 23 19 56			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11-1877?	9. AGE (In years last birthday) yrs. 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Frederick-Co. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Dorsey				14. MOTHER'S MAIDEN NAME Harriet Spriggs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Theodore Loud 1st. Airy Rt. 1 Frederick Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) 174X DUE TO (c) 174X						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 1956 to 1956 , that I last saw the deceased alive on 1956 , and that death occurred at 12:30 M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Hamilton J. Slusher		M.D. Slusher		ADDRESS (Street, city or town, state) 9 East Church St. Frederick, Md.		DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2-26-56		22c. NAME OF CEMETERY OR CREMATORY Dorsey Chapel		22d. LOCATION (City, town, or county) (State) New London-Fred. Co. Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Charles E. Hicks III				ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 24 Feb 1956	
				24b. REGISTRAR'S SIGNATURE Elizabeth G. Hersh			

MEDICAL CERTIFICATION

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01768

1769

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY <u>Thurmont</u>		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		TOWN		STREET ADDRESS	
TOWN <u>Frederick</u>		<u>8 days</u>		<u>Thurmont</u>		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				<u>Rural, R.D.2</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<u>Thomas Joseph Marshall</u>				<u>2</u> <u>25</u> <u>1956</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/13/90</u>	
9. AGE last birthday <u>65</u> yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Emmitsburg, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>David A. Marshall</u>				14. MOTHER'S MAIDEN NAME <u>Mary Secrist</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>Yes World War I</u>				16. SOCIAL SECURITY NO. <u>219-20-3583</u>		17. INFORMANT & ADDRESS <u>Thurmont, n.d.#</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardiovascular Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Bronchopneumonia, bilateral</u>				3 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/18</u> , 19 <u>56</u> , to <u>2/25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/25</u> , 19 <u>56</u> , and that death occurred at <u>9:35 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Harry V. Chase</u>				ADDRESS (Street, city, town, state) <u>M.D. 4 E. Church St. Frederick Md. 21701</u>		DATE SIGNED <u>2/25/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb. 29, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Church of Brethren</u>		LOCATION (City, town, or county) (State) <u>Rocky Ridge, Md.</u>	
24. REC'D BY REGISTRAR <u>Elj. G. Hecks</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Allison</u>		ADDRESS <u>Emmitsburg, Md.</u>	
DATE <u>2/25/56</u>				S. L. Allison			

BU EAU V. S.

FEB 09 1956



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01769

1770

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Md</i>		COUNTY <i>Cecil</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place) <i>10 hr.</i>		OR TOWN <i>Laithers</i>		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hospital</i>				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <i>Clara V. McCordell</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>2 12 1956</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3/10/70</i>	9. AGE last birthday <i>85</i> yrs.		IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Richard Beall</i>				14. MOTHER'S MAIDEN NAME <i>Christina Vermillion</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT & ADDRESS <i>Mr. Bessie Watkins, Laithers, Md.</i>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
430.0 IMMEDIATE CAUSE (A) <i>Pulmonary edema and pleural effusion</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2-8 hr.</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Anteriodic Heart Disease</i>				<i>? yrs.</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Benign gastric ulcer with hemorrhage</i>				<i>10 days.</i>			
19a. DATE OF OPERATION <i>2</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2/11/56</i> , to <i>2/12</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>2/12</i> , 19 <i>56</i> , and that death occurred at <i>1 A.</i> M., from the causes and on the date stated above.							
SIGNATURE <i>Henry V. Chase</i>		M.D. <i>H. E. Church</i>		ADDRESS (Street, city, town, state) <i>St. Frederick Md</i>		DATE SIGNED <i>2/12/56</i>	
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>2-15-56</i>		NAME OF CEMETERY OR CREMATORY <i>Springfield</i>		LOCATION (City, town, or county) (State) <i>Springville, Md.</i>	
24. REC'D BY REGISTRAR <i>Elizabeth G. Heck</i>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. Hight</i>		ADDRESS <i>Springville, Md.</i>	
DATE <i>15 Feb 1956</i>							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

BUREAU V. S.

FEB 16 1936

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1796 CERTIFICATE OF DEATH

Reg. Dist. No. 01770 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>City</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Baltimore.</u>			
X TOWN <u>Cullen</u>		<u>701 days.</u>		STREET ADDRESS (If rural give location) <u>3412 Sunlea Courts</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Victor Cullen State Hospital</u>							
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH:			
<u>Harry C. Morgan</u>				<u>February 3, 19 56</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Dec. 4, 1892</u>	<u>63</u>			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Salesman</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>Salesman</u>		11. BIRTHPLACE (State or foreign country): <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME: <u>John Morgan</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Higgins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>208-09-8149</u>		17. INFORMANT & ADDRESS: <u>Deceased.</u>		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE			(A) <u>Pulmonary Tuberculosis</u>				<u>2 years.</u>
ANTECEDENT CAUSE (S)			DUE TO				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(B) DUE TO				
			(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
C							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
			M.				
22. I hereby certify that I attended the deceased from <u>Mar. 4, 1954</u> , to <u>Feb. 3, 1956</u> , that I last saw the deceased alive on <u>Feb. 3, 1956</u> , and that death occurred at <u>2:55 M.</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>			p.m. ADDRESS <u>Cullen, Md.</u>			DATE SIGNED <u>February 4, 1956.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>			DATE THEREOF <u>2-6-56</u>		NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		LOCATION (City, town, or county) (State) <u>Brisbin, Pa.</u>
DATE REC'D BY LOCAL REGISTRAR <u>2/4/56</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			24. FUNERAL DIRECTOR ADDRESS <u>R. A. Freebury, Houtzdale, Pa.</u>	

BUREAU Y. N.

FEB 7 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02869

1797

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN rural--Mt. Airy		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural-- Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) ALICE (Middle) V. (Last) MYLERS		4. DATE OF DEATH (Month) February (Day) 29 (Year) 1956	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 8-7-1874
9. AGE last birthday 81 yrs.		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Rod Dorsey		14. MOTHER'S MAIDEN NAME Jemima Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY No. -----	
17. INFORMANT AND ADDRESS George Tyler, Mt. Airy, Md.			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH several years	
Antecedent cause(s) (b) Generalized arteriosclerosis		several years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Nov., 1955, to February 1956, that I last saw the deceased alive on February 29, 1956, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

W.B. Culwell, M.D. Mt. Airy, Maryland February 29, 1956

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 3-3-1956	NAME OF CEMETERY Mt. Zion	LOCATION (City, town, or county) Carroll Co., Maryland
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DATE REC'D BY LOCAL REG. Mar 2-1956	REGISTRAR'S SIGNATURE Lucian K. Falconer	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS
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MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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1771

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Near Libertytown	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) GROVER	(Middle) McCOLLIN	(Last) NASH, SR.	(Month) February 2, (Day) 19 (Year) 56
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 28 Sept 1892
9. AGE last birthday: 63 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Nash		14. MOTHER'S MAIDEN NAME: Mary Waltz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mrs. Ruby G. Nash, RD#1, Union Bridge, Md.			

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
157X IMMEDIATE CAUSE	(A) Carcinoma of Head of Pancreas	3 mo
ANTECEDENT CAUSE (B)	(B) Metastases to Liver	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
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19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
--	--	--

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 27, 1956, to Feb 2, 1956, that I last saw the deceased alive on Feb 2, 1956, and that death occurred at 7:15 A.M. from the causes and on the date stated above.	
SIGNATURE <i>A. A. Pearce</i>	DATE SIGNED 4 Feb 1956
M. D. Frederick, Maryland	

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 Feb 1956	Locust Grove Cemetery	Frederick County Maryland

DATE REC'D BY LOCAL REGISTRAR 4 Feb 1956	REGISTRAR'S SIGNATURE <i>Elizabeth S. Hards</i>	24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE A. C. C. C.

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MARYLAND STATE DEPARTMENT OF HEALTH

01772

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1772

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>205 West College Terrace</u>		STREET ADDRESS (If rural, give location) <u>205 West College Terrace</u>	
3. NAME OF DECEASED (First) <u>Francis</u> (Middle) <u>Hudson</u> (Last) <u>Oxx</u>		4. DATE OF DEATH (Month) <u>February</u> (Day) <u>15</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1898</u>
9. AGE last birthday <u>57</u> yrs.		10. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Administrative Mgn.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Constr. Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Rhode Island</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Daniel Oxx</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Holt</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>1941</u>		16. SOCIAL SECURITY NO. <u>556-46-5312</u>	
17. INFORMANT <u>205 West College Ter., Mrs. Marie Louise Oxx, Frederick, Maryland</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Thrombosis</u>			<u>10 minutes</u>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <u>Frederick</u> DATE SIGNED <u>2/16/56</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 20, 1956</u> NAME OF CEMETERY OR CREMATORY <u>Arlington National Cemetery</u> LOCATION (City, town, or county) <u>Arlington, Virginia</u> (State)	
DATE REC'D BY LOCAL REG. <u>17 Feb. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u> 24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u> ADDRESS	

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 20 1956

BUREAU V. S.

1773

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY FREDERICK MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK			
c. LENGTH OF STAY IN 1b 40 years				d. STREET ADDRESS 214 E. SEVENTH ST.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 214 E. SEVENTH ST.				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EDITH Middle ELIZABETH Last PORTER				4. DATE OF DEATH Month FEB Day 25 Year 1956			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 1st 1888	
9. AGE (In years last birthday) 67 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME CHARLES EDWARD EYLER		14. MOTHER'S MAIDEN NAME MARY ELIZABETH DINTERMAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give year or date of service)		17. INFORMANT HOWARD A. PORTER Address 214 E. SEVENTH ST.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 260x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 7 weeks 7 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)	
21. I certify that I attended the deceased from Jan 1, 1956 to Feb 23, 1956 that I last saw the deceased alive on Feb 23, 1956 and that death occurred at 5:25 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) WALKERSVILLE MD DATE SIGNED Feb 26							
ACTUAL SIGNATURE J.H. MESSLER M.D.				PHYSICIAN'S NAME (Type) J.H. MESSLER			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb 27 1956		22c. NAME OF CEMETERY OR CREMATORY MT OLIVET		22d. LOCATION (City, town, or county) (State) FREDERICK CITY MARYLAND	
23. FUNERAL DIRECTOR'S SIGNATURE G.C. Barton				ADDRESS WALKERSVILLE MD		24a. REC'D BY REGISTRAR DATE 27 Feb. 1956	
				24b. REGISTRAR'S SIGNATURE Elizabeth S. Hoch			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the death certificate has been signed by the attending physician and carefully filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

956

1798

CERTIFICATE OF DEATH

01774

Reg. Dist. No. 13

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Woodboro Rural</u>				c. LENGTH OF STAY IN 1b <u>1 mo</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <u>Woodboro</u>			
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>MAY</u> Last <u>RAMSBURG</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>29</u> Year <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 8, 1864</u>	9. AGE (In years last birthday) <u>91</u> yrs.	10. IF UNDER 1 YEAR Months Days Hours Min		11. IF UNDER 24 HRS Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Lewis D. Stull</u>			
14. MOTHER'S MAIDEN NAME <u>Ann Smith</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			
16. SOCIAL SECURITY NO <u>-</u>				17. INFORMANT <u>Mr. Roy Ramsburg 518 Trail Ave, Fred.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>S embolus</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <u>Oct. 15, 1955</u> , to <u>Mar. 1, 1956</u> , that I last saw the deceased alive on <u>Feb. 29, 1956</u> , and that death occurred at <u>4:42 AM</u> , from the causes and on the date stated above.							
ADDRESS (Street, city or town, state)				DATE SIGNED			
ACTUAL SIGNATURE <u>M. Franklin Birely M.D.</u>				<u>Thurmond Linds</u> <u>3/1/56</u>			
PHYSICIAN'S NAME (Type) <u>M. FRANKLIN BIRELY</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>3/3/56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Zion Reformed</u>		22d. LOCATION (City, town, or county) (State) <u>Charlestown Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>G. C. Barton, Walkersville, Md.</u>				24a. REC'D BY REGISTRAR <u>3 March 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth B. Hark</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After the certificate has been signed by the attending physician and certified by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED U. S.

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RECEIVED

1774 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 East Second Street
 LENGTH OF STAY (in this place) 69 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
 STREET ADDRESS (If rural give location) 13 East Second Street

3. NAME OF DECEASED:

(First) (Middle) (Last)
GEORGE OSCAR RHOADS

4. DATE (Month) (Day) (Year) OF DEATH:

February 11, 1956

5. SEX

Male

6. COLOR OR RACE:

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Widower

8. DATE OF BIRTH:

March 19, 1877

9. AGE last birthday

78 yrs

IF UNDER 1 YEAR IF UNDER 24 HRS.
 Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Deputy Clerk to Clerk of Court

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME:

George Joshua Rhoads

14. MOTHER'S MAIDEN NAME:

Mary VanBuren Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS:

13 East Second Street
Miss Mary E. Rhoads, Frederick, Maryland

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A)

Arterio-sclerotic cardio-vascular renal disease with uraemia

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1956, to 2-11, 1956, that I last saw the deceased

alive on 2-11, 1956, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE

Dr. R. Martin

ADDRESS

M. D. Frederick, Maryland

DATE SIGNED

2/13/1956

23. BURIAL, CREMATION, (SPECIFY)

Burial

DATE THEREOF

Feb. 14, 1956

NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR

14 Feb. 1956

REGISTRAR'S SIGNATURE

Elizabeth B. Heck

24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

ADDRESS

BUREAU V. S.

FEB 15 1956

RECEIVED

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01776

1775

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u>		COUNTY <u>FREDERICK</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>FREDERICK</u>		<u>5 DAYS</u>		TOWN <u>BRUNSWICK</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>601 WEST POTOMAC STREET</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>WILLIAM</u> (Middle) <u>RUSCOE</u> (Last) <u>ROCKWELL</u>				(Month) <u>FEBRUARY</u> (Day) <u>5</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>6-5-1895</u>	<u>20</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>MANAGER</u>		<u>POTOMAC EDISON</u>		<u>WEST VIRGINIA</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM A. ROCKWELL</u>				14. MOTHER'S MAIDEN NAME <u>MARY WIDMEYER WIDMEYER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>WORLD WAR I</u>				16. SOCIAL SECURITY NO. <u>211-10-4258</u>		17. INFORMANT & ADDRESS <u>DORRIS RUTH ROCKWELL BRUNSWICK</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>ARTERIOSCLEROTIC HEART DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>CONGESTIVE HEART FAILURE</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH <u>BRONCHIAL PNEUMONIA</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>JAN. 31</u> , 19 <u>56</u> , to <u>FEB. 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>FEB. 5</u> , 19 <u>56</u> , and that death occurred at <u>4:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. A. Pearce</u> M.D.				ADDRESS (Street, city, town, state) <u>4 EAST CHURCH ST. FREDERICK, MD.</u> DATE SIGNED <u>2/5/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2-7-1956</u>		<u>Green way</u>		<u>Berkley Springs, W.Va.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>2-8-56</u>		<u>Eugenia H. Burke</u>		<u>C.H. Feete and Bro. Brunswick, Md.</u>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VI AISC 1-55 10M

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1799 CERTIFICATE OF DEATH

Reg. Dist. No. 01777 81

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		MARYLAND		MARYLAND COUNTY <u>FREDERICK</u>			
CITY OR TOWN <u>UNION BRIDGE</u>		LENGTH OF STAY <u>YEARS</u>		CITY OR TOWN <u>UNION BRIDGE</u>		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>RURAL</u>				STREET ADDRESS <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print) <u>M LUTHER SAYLOR</u>				4. DATE OF DEATH (Month) <u>FEB</u> (Day) <u>16</u> (Year) <u>1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	8. DATE OF BIRTH <u>12/22/1894</u>	9. AGE last birthday <u>61</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CEMENT PNT</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>BENJAMIN SAYLOR</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH SNYDER</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONIE</u>		17. INFORMANT & ADDRESS <u>SOPHIE R. SAYLOR UNION BRIDGE MD</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Bronchio Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 15, 1956</u> to <u>Feb 15, 1956</u> that I last saw the deceased <u>alive on Feb 15, 1956</u> , and that death occurred at <u>4 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>J. H. Messer</u> M.D.				ADDRESS (Street, city, town, state) <u>Union Bridge Md</u>		DATE SIGNED <u>Feb 16, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>2/19/56</u>		NAME OF CEMETERY OR CREMATORY <u>MOUNTAIN VIEW CEM.</u>		LOCATION (City, town, or county) (State) <u>UNION BRIDGE, MD.</u>	
24. REC'D BY REGISTRAR <u>Looper</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>EDHARTZLER & SONS</u>		ADDRESS <u>UNION BRIDGE MD</u>	
DATE <u>2/17/56</u>							

No 118
 BENJAMIN ZAYLOR
 No 119
 SOPHIE ZAYLOR UNION BRIDGE
 MD
 ELIZABETH SNYDER
 MARYLAND
 U. S.

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1890 CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	Frederick COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town) MYERSVILLE	LENGTH OF STAY (in this place) 55yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) MYERSVILLE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) BESSIE (Middle) MAY (Last) SHEPLEY		4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 19 56	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: May 29, 1875
9. AGE last birthday: 80 yrs.		10. BIRTHPLACE (State or foreign country): Nr. Middletown, Md. U.S.A.	
11. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Isiah Butts		14. MOTHER'S MAIDEN NAME: Amanda Cramer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: none	
17. INFORMANT & ADDRESS: D.C. Shepley, Myersville, Md.			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
Immediate cause (a) Coronary C. A. D. ...		17 hrs.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ...			
(c)			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7.6.6, 1956, to 7.6.6, 1956, that I last saw the deceased alive on 7.6.6, 1956, and that death occurred at 10.05 A, from the causes and on the date stated above.			
SIGNATURE J. H. H. P.		DATE SIGNED 7.6.6	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 8, 1956	
NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran		LOCATION (City, town, or county) (State) Myersville, Fred. Co. Md.	
DATE REC'D BY LOCAL REGISTRAR Feb. 7, 1956		REGISTRAR'S SIGNATURE Shoy M. Bittle	
24. FUNERAL DIRECTOR		ADDRESS Paul F. Bittle, Myersville, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED V. S.

FEB

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VE AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1776

CERTIFICATE OF DEATH

01779

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Frederick</i>	MARYLAND	STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>	LENGTH OF STAY (In this place) <i>Just arrived</i>	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural - Frederick</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Frederick Memorial Hospital</i>		STREET ADDRESS (If rural give location) <i>Routel - old Annapolis Road.</i>	
3. NAME OF (First) (Middle) (Last) <i>Annie A Stitely</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>February 15 1956</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 26, 1866</i>
9. AGE last birthday <i>89</i> yrs.		10. IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>William Fogle</i>		14. MOTHER'S MAIDEN NAME <i>SEREPTA ANN WETZEL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT & ADDRESS <i>MYRTIE SMITH - LIBERTYTOWN</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <i>Intestinal Ileus</i>			<i>4 days</i>
ANTECEDENT CAUSE(S) DUE TO (B) <i>Acute bronchitis</i>			<i>2 weeks</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Arteriosclerotic Heart Disease</i>			<i>Several years</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (M. at work) (Not while at work)	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>February 13, 1956</i> to <i>February 15, 1956</i> , that I last saw the deceased alive on <i>Feb. 13, 1956</i> , and that death occurred at <i>12 M.M.</i> from the causes and on the date stated above.			
SIGNATURE <i>W.B. Culwell</i>		DATE SIGNED <i>2/15/56</i>	
ADDRESS (Street, city, town, state) <i>Int. City, Md</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>BURIAL</i>	DATE THEREOF <i>2/18/56</i>	NAME OF CEMETERY OR CREMATORY <i>FAIRMOUNT</i>	LOCATION (City, town, or county) (State) <i>LIBERTYTOWN MD</i>
24. REC'D BY REGISTRAR <i>Elizabeth G. Heck</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <i>POWELL & HARTZLER</i>	ADDRESS <i>LIBERTYTOWN MD</i>
DATE <i>18 Feb. 1956</i>			

EB 10 1500

1990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1801

CERTIFICATE OF DEATH

Reg. Dist. 01730

1. PLACE OF DEATH a. COUNTY <u>Frederick</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Frederick</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-R.F.D.#5(Rural)</u>				c. LENGTH OF STAY IN 1b <u>Years</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Mt. Philip Road</u>				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>JULIA</u> Middle <u>CATHERINE</u> Last <u>STOCKMAN</u>				4. DATE OF DEATH Month <u>February</u> Day <u>25</u> Year <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input type="checkbox"/> <u>DIVORCED</u> <input type="checkbox"/>	8. DATE OF BIRTH <u>February 24, 1883</u>	9. AGE (In years last birthday) <u>73</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Joseph J. Marsh</u>				14. MOTHER'S MAIDEN NAME <u>Emma A. Sherzer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr. Guy F. Stockman, Frederick R.F.D.#5, Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u> <u>1st</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19 _____			20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) _____ (County) _____ (State) _____	
21. I certify that I attended the deceased from <u>1-2</u> , 19 <u>54</u> , to <u>2-25</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2-19</u> , 19 <u>56</u> , and that death occurred at <u>2:45 P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>East Church St., Frederick, Maryland</u> DATE SIGNED <u>2/27/56</u>							
ACTUAL SIGNATURE <u>Rex R. Martin</u> M.D.			PHYSICIAN'S NAME (Type) <u>Dr. Rex R. Martin</u> <u>East Church Street, Frederick, Maryland</u>				
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Feb. 28, 1956</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Near Pooagaville, Maryland</u>		
23. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>				24a. REC'D BY REGISTRAR DATE <u>28 Feb. 1956</u>		24b. REGISTRAR'S SIGNATURE <u>Elizabeth H. Heck</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and correctly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED
MAR 17 1956

U.S. AIR FORCE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled in by the funeral director, the third copy of this certificate has been retained by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01781

Reg. Dist. No. 131

1777

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick</u>		LENGTH OF STAY (in this place) <u>29 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Dumfries, Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Faith Im. e Stottlameyer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>6 Jan 56</u>	9. AGE last birthday yrs. <u>29</u>	IF UNDER 1 YEAR Months <u>29</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u>29</u> Min <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Frederick Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Elmer Krietz</u>				14. MOTHER'S MAIDEN NAME <u>Catherine Stottlameyer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Frederick Stottlameyer</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
50.1 IMMEDIATE CAUSE (A) <u>Appendicitis, ruptured</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days?</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Prematurity (Birth wt 3 lbs 3 oz)</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) (Sec) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 56</u> , to <u>4 Feb</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4 Feb</u> , 19 <u>56</u> , and that death occurred at <u>10:34 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>R L Guest</u>				ADDRESS (Street, city, town, state) <u>M.D. 7 E. Church St. Frederick Md</u>		DATE SIGNED <u>4 Feb 56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3-5-56</u>		NAME OF CEMETERY OR CREMATORY <u>2200 Hill Cemetery W. Edge - Fed Md</u>		LOCATION (City, town, or county) (State)	
24. REC'D BY REGISTRAR <u>FEB 8</u>		REGISTRAR'S SIGNATURE <u>Ely Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. S. Cunningham</u>		ADDRESS <u>Dumfries, Md</u>	

ELIOT T. S.

FEB 7

RECEIVED
FEB 7 1964

1802 CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Thurmont</u>		<u>7 MRS.</u>		TOWN <u>Thurmont</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
				<u>Blue Ridge Ave.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
(Type or Print) <u>James G Sulcer</u>				OF DEATH: <u>Feb. 1</u> 19 <u>56</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>August 15, 1881</u>	<u>74</u> yrs	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>laborer</u>		<u>Ox fibre brush Co</u>		<u>U S A Maryland</u>		<u>U S A</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Henry Sulcer</u>				<u>Catherine Hale</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
				<u>213-18-0859</u>		<u>Florence E. Kerner, Thurmont</u>	
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>							<u>2 days</u>
ANTECEDENT CAUSE (B) <u>Cerebral Arteriosclerosis</u>							<u>as v. d.</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Essential Hypertension</u>							<u>as v. d.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 30</u> , 19 <u>56</u> to <u>Feb 1</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>56</u> and that death occurred at <u>10 A. M.</u> from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
<u>James G. Sulcer</u>		<u>Thurmont Md.</u>		<u>2/2/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Feb 4, 1956</u>		<u>Blue Ridge Cem.</u>		<u>Thurmont Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Feb. 2, 1956</u>		<u>Blanche S. Eyles</u>		<u>M. L. Creager & Son</u>		<u>Thurmont</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1893 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>FREDERICK</u>	MARYLAND	MARYLAND COUNTY <u>FREDERICK</u>	
(If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	(If outside corporate limits, write RURAL and give nearest town)	
X TOWN <u>LIBERTYTOWN</u>	<u>YEARS</u>	TOWN <u>LIBERTYTOWN</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>RUTH</u> (Middle) <u>ADELE</u> (Last) <u>SWEADNER</u>		(Month) <u>FEB.</u> (Day) <u>25</u> (Year) <u>1956</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOW</u>	<u>9/20/1874</u>
9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>81</u> yrs.	Months <u>0</u> Days <u>0</u>	Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>HOUSEKEEPER</u>	<u>AT HOME</u>	<u>MARYLAND</u>	<u>U.S.</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>BENJAMIN F. DUVAL</u>		<u>SIDNEY JANE BOYER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
<u>NO</u>		<u>NONE</u>	<u>DW. SWEADNER, LIBERTYTOWN, MD</u>
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Cerebral pneumonia</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>metastatic liver & stomach</u>			<u>2 months</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21a. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work	21i. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 25, 1956</u> , to <u>Feb. 25, 1956</u> , that I last saw the deceased alive on <u>Feb. 25, 1956</u> , and that death occurred at <u>6:40 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>B. H. HARTZLER</u>		ADDRESS (Street, city, town, state) <u>MD</u>	
DATE <u>28 Feb. 1956</u>		DATE SIGNED <u>Feb 27-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>2/28/56</u>	<u>FAIRMOUNT CEM.</u>	<u>LIBERTYTOWN, MD</u>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	<u>Elyabeth B. Heck</u>	<u>D.D. HARTZLER SONS</u>	<u>LIBERTYTOWN, MD</u>

VS A15C 1-55 10M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

RECEIVED
MAR 17 1956

1804

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Buckeystown				c. LENGTH OF STAY IN 1b Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS Buckeystown X			
3. NAME OF DECEASED (Type or print) First LILLIE Middle JANE Last TROUT				4. DATE OF DEATH Month February Day 22 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 13, 1890		9. AGE (In years last birthday) yrs 66	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin F. Ricketts				14. MOTHER'S MAIDEN NAME Margaret Dixon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-09-5398		17. INFORMANT Address Mr. George W. Trout, Buckeystown, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary artery sclerosis with acute myocardial infarction DUE TO (b) Sudden Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1-2 , 19 55 , to 2-22 , 19 56 , that I last saw the deceased alive on 2-1 , 19 55 , and that death occurred at 12:05AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Frederick, Maryland DATE SIGNED 2/22/56 ACTUAL SIGNATURE Dr. Rex R. Martin M.D. Frederick, Maryland PHYSICIAN'S NAME (Type) Dr. Rex R. Martin East Church Street, Frederick, Maryland							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 24, 1956		22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,				ADDRESS Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 22 Feb. 1956	
				24b. REGISTRAR'S SIGNATURE Elizabeth B. Hersh			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: At this certificate has been signed by the attending physician and a copy of this certificate has been signed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED
EB 23 1956
BUREAU V. 41

1778 CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick	LENGTH OF STAY (in this place) Since 12/55	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home		STREET ADDRESS (If rural give location) 3328 Lindale Avenue	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) KATHERINE	(Middle) ELIZABETH	(Last) WHITE	February 17, 19 56
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE OF BIRTH: 21 April 1876
9. AGE last birthday 79 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work		10B. KIND OF BUSINESS OR INDUSTRY: At Home	
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: George Charles Schmidt		14. MOTHER'S MAIDEN NAME: Mary Elizabeth Moszher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-10-2013	
17. INFORMANT & ADDRESS: I. O. O. F. Home. Records, Frederick, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Coronary Occlusion			10 hours
ANTECEDENT CAUSE (B) Carcinoma of caecum			1 year
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-1-1956 to 2-16-1956 , that I last saw the deceased alive on 2-16-1956 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.			
SIGNATURE Thos M. Smith		DATE SIGNED 17 Feb 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 21 Feb 1956	
NAME OF CEMETERY OR CREMATORY Western Cemetery		LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE REC'D BY LOCAL REGISTRAR 18 Feb. 1956		REGISTRAR'S SIGNATURE Elizabeth G. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S.

RECEIVED

1779 **CERTIFICATE OF DEATH**Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>CARROLL</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (In this place) <u>12 min.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Int. Airy</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Herretta</u> (Middle) <u>Bernadine</u> (Last) <u>Williams</u>				(Month) <u>Feb.</u> (Day) <u>14</u> (Year) <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>5</u>	8. DATE OF BIRTH <u>Feb. 14, 1956</u>	9. AGE last birthday yrs. _____		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Clayman Elgin Smith</u>				14. MOTHER'S MAIDEN NAME <u>Ida Isabelle Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mother - Mt. Airy, Md. Rt. 1</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Prematurity</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
DUE TO (B) <u>Placenta Prae v. a.</u>							
DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M. _____					
22. I hereby certify that I attended the deceased from <u>2-14</u> , 19 <u>56</u> , to <u>2-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>56</u> , and that death occurred at <u>3:30 P.</u> M.; from the causes and on the date stated above.							
SIGNATURE <u>W. G. Bourne Jr.</u>				DATE SIGNED <u>2-14-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Cremation</u>		DATE THEREOF <u>Feb. 14, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>FREDERICK MEM. HOSP.</u>		LOCATION (City, town, or county) (State) <u>FREDERICK Md</u>	
24. REC'D BY REGISTRAR <u>14 Feb. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Ethel Northam Director</u>		ADDRESS <u>FREDERICK MEM. HOSPITAL</u>	

INSTRUCTIONS

1
TO ATTENDING PHYSICIAN ON HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

W. A. TAYLOR

18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: A death certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01787

1780

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	
c. LENGTH OF STAY IN 1b 11 Days		d. STREET ADDRESS 513 Lee Place	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital		• IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST BERNARD ALOUISIS WINKEL		4. DATE OF DEATH Month February Day 29 Year 1956	
5 SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1890
9. AGE (In years last birthday) 65 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY Owner	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown Mary C. Waltz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO 217-32-5084	
17. INFORMANT Mrs. Kitty Harlow, 513 Lee Place, Frederick, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Cardiac Infarction DUE TO (b) Arterio-Sclerosis DUE TO (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Sen Peritonitis - Gangrenous appendix		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb 24 1956 to Feb 29 1956 that I last saw the deceased alive on Feb 19 1956, and that death occurred at 2:50 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE E. P. Thomas M.D. East Church Street, Frederick, Maryland PHYSICIAN'S NAME (Type) E. P. Thomas Sr., M.D. East Church Street, Frederick, Maryland			
22a. BURIAL, CREMATION, REMEMANCE (Specify) Burial		22b. DATE THEREOF Mar. 3, 1956	
22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		22d. LOCATION (City, town, or county) (State) Frederick, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 2 Mar 1956 24b. REGISTRAR'S SIGNATURE Elizabeth B. Heck	

RECEIVED

M.S.

1951

1781

CERTIFICATE OF DEATH

Reg. Dist. No.

01788

1. PLACE OF DEATH o COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) o STATE Maryland b COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick		c. LENGTH OF STAY IN 1b Since 8/2/53	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION I. O. O. F. Home		d. STREET ADDRESS 721 Highwood Drive	
3. NAME OF DECEASED (Type or print) First ERNEST Middle WILBUR Last WINTERS		4. DATE OF DEATH Month February Day 18 Year 19 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 28 Nov 1880
9. AGE (In years lost birthday) 75 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Unk		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Winters	
14. MOTHER'S MAIDEN NAME Barbara L. Ashbaugh		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO None		17. INFORMANT Address I. O. O. F. Home Records, Frederick, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 48 hours 10 years
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from 2/1/ , 19 56 , to 2/17/ , 19 56 , that I last saw the deceased alive on 2/17/ , 19 56 , and that death occurred at 5:15A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 4 East Church St. DATE SIGNED 18 Feb 1956 ACTUAL SIGNATURE Wm. M. Smith M.D. PHYSICIAN'S NAME (Type) Wm. M. Smith, M.D. Frederick, Maryland			
22a. BURIAL, CREMATION, or other disposal (Specify) Burial		22b. DATE THEREOF 21 Feb 1956	
22c. NAME OF CEMETERY OR CREMATORY Winters Cemetery		22d. LOCATION (City, town, or county) (State) Carroll County Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland		24a. REC'D BY REGISTRAR DATE 20 Feb 1956	
24b. REGISTRAR'S SIGNATURE Elizbeth G. H. Eck			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

3 1 08

112

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be filed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: A death certificate has been signed by the attending physician and is completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1805

CERTIFICATE OF DEATH

01789

Reg. Dist. No. 131

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson				c. LENGTH OF STAY IN 1b Yeras			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 0				d. STREET ADDRESS Jefferson			
3. NAME OF DECEASED (Type or print) First HARRY Middle WESLEY Last WISE				4. DATE OF DEATH Month February Day 28 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 21, 1870	9. AGE (In years last birthday) yrs. 85	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Operator		10b. KIND OF BUSINESS OR INDUSTRY Owner		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry C. Wise				14. MOTHER'S MAIDEN NAME Alverta Sparrow			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Miss Lettie I. Wise, Jefferson, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertensive Chronic Interstitial Nephropathy DUE TO (c) Chronic Prostate						INTERVAL BETWEEN ONSET AND DEATH Immediate unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS A TOLPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) None				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Jefferson	
20f. (City or town) Jefferson				20g. (County) Frederick		20h. (State) Md.	
21. I certify that I attended the deceased from Jan 2, 1954 to Feb 28, 1956 , that I last saw the deceased alive on Feb 26, 1956 , and that death occurred at 10 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Carlton Kates MD				ADDRESS (Street, city or town, state) 601 W 2nd St Frederick Md			
PRINTED NAME (Type) Dr. Carlton Bates				DATE SIGNED 601 West Second Street, Frederick, Md.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 2, 1956		22c. NAME OF CEMETERY OR CREMATORY St. Pauls Luteran Cem.		22d. LOCATION (City, town, or county) (State) Jefferson, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland				24a. REC'D BY REGISTRAR DATE March 1956			
				24b. REGISTRAR'S SIGNATURE Elizabeth S. Hark			

BUREAU V. D.

MAR 2 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01790

1782 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		STATE <u>MARYLAND</u>		STATE <u>Virginia</u>		COUNTY <u>Loudon</u>	
CITY OR TOWN <u>Frederick</u>		LENGTH OF STAY <u>8 Days</u>		CITY OR TOWN <u>Lovettsville</u>		STREET ADDRESS <u>(if rural give location)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS <u>(if rural give location)</u>			
3. NAME OF DECEASED (Type or Print) <u>Mrs. Florence Yakey</u>				4. DATE OF DEATH <u>Feb. 15, 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 15, 1877</u>	
9. AGE last birthday <u>78</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jacob Slater</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Dyer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>H.M. Yakey Lovettsville, Va.</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio sclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertension</u>							
19. DATE OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> A. <input type="checkbox"/>				21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Feb. 6, 1956</u> , to <u>Feb. 15, 1956</u> , that I last saw the deceased alive on <u>Feb. 15, 1956</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. A. Pearce</u>				DATE SIGNED <u>Feb. 15, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				24. REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>			
DATE <u>Feb. 16, 1956</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Md.</u>			

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 17 1956

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1783 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Virginia</u>		COUNTY <u>Loudon</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>27 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lovettsville</u>		<u>83X-9</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				STREET ADDRESS (If rural give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry Mahlon Yahey</u>				4. DATE OF DEATH (Month) <u>2</u> (Day) <u>29</u> (Year) <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10/2/1880</u>	9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer - Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>T. S. Yahey</u>				14. MOTHER'S MAIDEN NAME <u>Eliza James</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mrs. Bonnie Arnold, Lovettsville, Va.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Acute Coronary Thrombosis</u>						<u>6 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Heart Disease</u>						<u>3 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Gastric Ulcer, with Hemorrhage</u>						<u>1 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/1</u> , 19 <u>56</u> , to <u>2/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/28</u> , 19 <u>56</u> , and that death occurred at <u>1:20</u> A.M. from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>		M.D. <u>H. E. Church</u>		ST <u>Frederick</u>		MD <u>3/6/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar. 2, 1956</u>		NAME OF CEMETERY (OR) CREMATORY <u>Union Cemetery</u>		LOCATION (City, town, or county) (State) <u>Lovettsville, Virginia</u>	
24. REC'D BY REGISTRAR DATE <u>March 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

CERTIFICATE OF DEATH

TO BE FILLED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH

NAME OF DECEASED		AGE	SEX	RACE
RESIDENCE		CITY	COUNTY	STATE
DATE OF DEATH		TIME OF DEATH	PLACE OF DEATH	CAUSE OF DEATH
MANNER OF DEATH		SIGNATURE OF PHYSICIAN		
SIGNATURE OF WITNESS		SIGNATURE OF REGISTRAR		

BUREAU V. 8

MAR 2 1956

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NEW YORK STATE DEPARTMENT OF HEALTH
BALTHAMORE